



RHODE ISLAND HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PARTNERSHIP

Rent Reasonableness Survey and Checklist

Agency: _____ Date: _____

Client(s): _____

	HPRP UNIT	Comparable Unit # 1	Comparable Unit # 2	Comparable Unit # 3
Address:				
Unit Type:				
No. of Bedrooms:				
Fair Market Rent:				
Allowance for Tenant-Utilities:				
Gross Rent (Rent + Utilities):				
Meets Habitability or HQS:				
Estimated Square Feet:				
Year Built:				
Location (Accessibility to Services):				
Services(List):				
Facilities: (List):				
Amenities (List):				
Comments:				

In accordance with 24 CFR 882.106, I certify that based on information available to this office, the requested contract Rent is Reasonable Not Reasonable.

By: _____
Staff Signature Date

Printed Name & Position: _____